

CLAIMS ONLY							Application Number 10649449		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3							53					
4		1					54					
5							55					
6	1						56					
7		1					57					
8							58					
9		1					59					
10							60					
11		1					61					
12							62					
13		1					63					
14							64					
15		1					65					
16	1						66					
17		1					67					
18							68					
19		1					69					
20							70					
21	1						71					
22		1					72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
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34							84					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep					
Total Depend	18						Total Depend					
Total Claims	22						Total Claims					